

**RN/
APRN**

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

For Office Use Only:

Amount _____

Date Recd _____

License Renewal Form (Inactive Status)

This renewal form is used to renew from Inactive Status a Registered Nurse license with Advanced Practice Recognition. **Submit this form with 20 hours of continuing education certificates and a copy of your national certification document for each advanced practice title you renew. For one (1) day to four (4) years inactive, the fee is \$135.00. For more than four (4) years inactive, the fee is \$145.00. See the attached instruction for further details.**

Name(Last): _____ (First): _____ (M): _____

RN License Number: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) _____ (City) _____ (State/Country) _____ (Zip/Postal Code) _____

(E-Mail Address) _____

() _____
Business Fax Number

*For statistical information below, please use the statistical code sheet provided

*Employment Status: _____ *Primary Practice Setting: _____ *Primary Practice Position: _____

*Primary Specialty: _____ *Highest Degree: _____ *Primary Employment Zip: _____

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, I declare that the State listed below is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

Primary State of Residence: _____

Upon licensure in Texas, in which state(s) do you intend to practice? _____

[] No [] Yes Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

[] No [] Yes Have you used your nursing knowledge, skills and abilities within the past four (4) years?

Indicate the APRN titles(s) (role & specialty) you wish to have reactivated: _____

Indicate the month and year that you last practiced in the above advanced specialty/role(s): Month _____ Year _____

You are required to have practiced in the advanced role and specialty you wish to reactivate for at least 400 hours in the past two years. Please provide the requested information about the location where you obtained the required hours of clinical practice. If you had more than one employer or preceptor, use a separate sheet to list the following information:

Employer Name: _____ Phone Number: _____

Address: _____

City, State: _____

Your Position Title _____ Area of Practice _____

[] No [] Yes I wish to reactivate my Prescriptive Authority (if applicable)?

[] No [] Yes I have completed 20 contact hours of continuing education in the advanced role and specialty listed above (and an additional five (5) contact hours in pharmacotherapeutics if reactivating prescriptive authority) within the last two years in accordance with the continuing education rules. If yes, enclose a copy of CE certificate(s).

[] No [] Yes I have completed 400 hours of current practice in the above advanced practice role and specialty within the last two years.

[] No [] Yes Do you hold current national certification in the above advanced specialty? **A copy of the current national certification document(s) must accompany this form.**

Eligibility Questions - Answering the questions below and signing the form is mandatory

- 1) ☐ No ☐ Yes Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- A. been convicted of a misdemeanor?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

- 2) ☐ No ☐ Yes Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) ☐ No ☐ Yes Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)
- 4) ☐ No ☐ Yes *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5) ☐ No ☐ Yes *In the past 5 years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

6) I attest that I understand & meet all the requirements to practice for the type of renewal requested, as listed in 22 TAC, §§216(CE); 221.8 (APRN); and 222.3 (Rx Auth.). I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. I understand that it is a violation of the 22 TAC, §217.12(6)(I) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: _____ Date: _____
(SIGNATURE REQUIRED)

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO INSTRUCTIONS

Revised 04/2010

STATISTICAL CODES

HIGHEST DEGREE

- 1 = DIPLOMA
- 2 = ASSOCIATE DEGREE
- 3 = BACCALAUREATE IN NURSING
- 5 = MASTERS IN NURSING
- 7 = DOCTORATE IN NURSING
- 9 = VOCATIONAL NURSE/PRACTICAL NURSE PROGRAM

EMPLOYMENT STATUS

- 1 = EMPLOYED IN NURSING FULL TIME
- 2 = EMPLOYED IN NURSING PART TIME
- 3 = EMPLOYED IN OTHER FIELD FULL TIME
- 4 = EMPLOYED IN OTHER FIELD PART TIME
- 5 = UNEMPLOYED, RETIRED OR INACTIVE

PRIMARY PRACTICE POSITION:

- 1 = ADMINISTRATOR OR ASSISTANT
- 2 = CONSULTANT
- 3 = SUPERVISOR OR ASSISTANT
- 4 = FACULTY/EDUCATOR
- 5 = HEAD NURSE OR ASSISTANT
- 6 = STAFF NURSE/GENERAL DUTY
- *7 = NURSE PRACTITIONER
- *8 = CLINICAL NURSE SPECIALIST
- *9 = NURSE ANESTHETIST
- *10 = NURSE MIDWIFE
- 11 = INSERVICE/STAFF DEVELOPMENT
- 12 = SCHOOL NURSE
- 13 = OFFICE NURSE
- 14 = RESEARCHER
- 15 = OTHER: _____

* TEXAS BOARD OF NURSING APPROVAL REQUIRED

PRIMARY PRACTICE SETTING:

- 1 = INPATIENT HOSPITAL CARE
- 2 = OUTPATIENT HOSPITAL CARE
- 3 = SCHOOL OF NURSING
- 4 = COMMUNITY/PUBLIC HEALTH
- 5 = SCHOOL/COLLEGE HEALTH
- 6 = SELF-EMPLOYED/PRIVATE PRACTICE
- 7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8 = RURAL HEALTH CLINIC
- 9 = FREESTANDING CLINIC
- 10 = HOME HEALTH AGENCY
- 11 = MILITARY INSTALLATION
- 12 = TEMPORARY AGENCY/NURSING POOL
- 13 = NURSING HOME/EXTENDED CARE FACILITY
- 14 = BUSINESS/INDUSTRY
- 15 = OTHER: _____

PRIMARY SPECIALTY:

- 1 = COMMUNITY/PUBLIC HEALTH
- 2 = GENERAL PRACTICE
- 3 = GERIATRICS
- 4 = OBSTETRICS/GYNECOLOGY
- 5 = MEDICAL/SURGICAL
- 6 = PEDIATRICS
- 7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
- 8 = ANESTHESIA
- 9 = EMERGENCY CARE
- 10 = HOME HEALTH
- 11 = INTENSIVE/CRITICAL CARE
- 12 = NEONATOLOGY
- 13 = ONCOLOGY
- 14 = OPERATING/RECOVERY CARE
- 15 = REHABILITATION
- 16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
- 17 = OTHER: _____

GENERAL INSTRUCTIONS

This form is for reactivation of RN and APRN authorization only. If it has been more than 24 calendar months since you last practiced as an APRN, you are not eligible to reinstate your APRN authorization at this time. Review rule 221.8 and 221.10 for requirements to reactivate and maintain authorization as an APRN. If you have additional questions, please contact the APRN office at (512) 305-6843 or by email at apn@bon.state.tx.us.

- **Print legibly in black ink.** Answer all questions and statements (do not leave any blanks). If you answer "yes" to any of the questions or statements 1-5 on this application, see the enclosed special instructions.
- **Attach** the appropriate fee.
- If you have had a name change, you must **attach** a copy of your legal name change document (i.e., marriage certificate, divorce decree, court order, etc.).
- You must **attach a copy of your continuing education certificates**. Do not send the originals as they will not be returned to you. The continuing education rules require you to complete 20 contact hours of acceptable continuing education targeted for the advanced role and specialty within the two years immediately preceding the application for renewal or reactivation. If you are reinstating your prescriptive authority, an additional five (5) contact hours must be completed in pharmacotherapeutics.
Nurse Anesthetists: Please note that we are unable to accept a copy of the AANA continuing education transcript or a copy of your Council on Recertification card as proof of continuing education.
- You must **attach a copy of your national certification document for each advanced practice title you renew**. The national certification document must bear an expiration date.. Do not send the originals as they will not be returned to you. Failure to demonstrate current national certification as required by Rule 221.8, will render the APRN ineligible to renew their APRN license; however, the RN license can still be renewed if all other renewal requirements are met. Failure to meet the requirements outlined in Rule 221.8 while practicing as an APRN may render a licensee subject to disciplinary action, including a fine.

- Once the application and all the required supporting documents have been received in the board office, at least **10 working days** are needed to process your application. If approved, you may verify and print your license from the Board's website at www.bon.state.tx.us. The wallet-size RN license will show your RN and APRN authorization.

We are unable to process incomplete applications; therefore, it is your responsibility to ensure all the questions are answered, all the required documents are enclosed, and your address is listed correctly.

APRN Titles/Specialties:

Nurse Anesthetist (CRNA)

Nurse-Midwife

Nurse Practitioner:

- Acute Care Adult
- Acute Care Pediatric
- Adult
- Family
- Gerontological
- Neonatal
- Pediatric
- Psychiatric/Mental Health
- Women's Health
- Other (must specify specialty area)

Clinical Nurse Specialist

- Adult Health/Medical-Surgical Nursing
- Community Health Nursing
- Critical Care Nursing
- Gerontological Nursing
- Pediatric Nursing
- Psychiatric/Mental Health Nursing
- Other (must specify specialty area)

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

QUESTION #1. The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication—a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies and for **all** misdemeanors:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

QUESTION #2. The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nurse Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

QUESTION #4. The practice of professional nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated or hospitalized for any of the above illnesses within the last 5 years, SUBMIT:

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice professional nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

QUESTION #5. The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.